## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 23, 2007 08:00 AM DOCUMENT # P03000086183/1 **Secretary of State** 1. Entity Name ABC PACK & SHIP, INC. Principal Place of Business Mailing Address 9846 LITTLE RD 9846 LITTLE RD. **NEW PORT RICHEY, FL 34654 NEW PORT RICHEY, FL 34654** CR2E034 (11/05) 02132007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-4259852 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MCMAHON, DOUG DO NOT WRITE 7413 CARMEL AVE NEW PORT RICHEY, FL 34655 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. DATE Signeture, typed or printed name of registered agent and title if applicable. (NOTE: Recistered Agent erongure required when revisiting) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS **DPTS** TITLE NAME MCMAHON, DOUG STREET ADDRESS 7413 CARMEL AVE NEW PORT RICHEY, FL. 34655 CITY-ST-ZIP TITLE NAME, 000000645442 03/05/07-80007-011 150.00 STREET ADDRESS CITY-ST-ZIF NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE THE STREET ADORESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplieriental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee on powered to execute this report as drouted by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addition, with all other like proposed.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNENG OFFICER OR DIRECTOR

2-21-2007 727-862-3324

**FILED**